

**Seasonal Influenza Vaccine  
Inactivated, Injectable**

<b>Manufacturer</b>	GlaxoSmithKline
<b>Brand Name</b>	<b>Fluarix®</b>
<b>Age</b>	<b>3 years and older</b>
<b>Dose/Presentation</b>	0.5 ml prefilled single dose syringe (thimerosal mercury content = 0 mcg)
<b>Storage</b>	Refrigerate immediately. Store at 2°-8° C (35°-46° F). <b>Do not Freeze.</b>
<b>Injection Site</b>	Anterolateral aspect of the upper thigh or upper arm in the deltoid muscle
<b>Route</b>	Intramuscular (IM)
<b>Needle Size</b>	22 to 25 gauge, 7/8 to 1¼ inches
<b>Administration</b>	May be administered simultaneously or at any interval between doses with inactivated or live antigen.

**Schedule for Fluarix® vaccination**

<b>Age</b>	<b>Dose</b>	<b>Number of Doses</b>	<b>Route and Site</b>
3-8 years	0.5 ml	1 or 2*	Intramuscular (IM) in Anterolateral aspect of thigh or Deltoid if muscle mass is sufficient
9 years and older	0.5 ml	1	Intramuscular (IM) in deltoid muscle

\* Children age 3yrs-8 yrs may need more than one dose.

Refer to the Seasonal Influenza dosing chart: <http://www.kdheks.gov/flu/index.html>

Vaccination efforts should begin as soon as influenza vaccine is available and continue through the influenza season

**Contraindications to Influenza vaccination:**

1. Persons with a severe allergic reaction to a previous dose of influenza vaccine
2. Refer to a physician with expertise in management of allergic conditions for further evaluation if following a influenza vaccine the person had immediately cardiovascular changes, respiratory distress, GI, reaction requiring epinephrine or emergency medical attention.\*\*
3. Persons with acute febrile illness, until their symptoms have abated

**Precautions:**

1. Persons who developed Guillian-Barre' (GBS) within 6 weeks of a previous influenza vaccination
2. The prefilled syringes may contain natural rubber latex which may cause allergic reactions in late sensitive individuals.
3. Persons with a history of egg allergy who have experienced only hives after exposure to eggs should receive TIV vaccine, with the use of additional safety measures. Observe for at least 30 minutes for signs of a reaction.\*\*
4. Should be given to a pregnant woman only if clearly needed. Caution should be exercised when administering to nursing mother. GSK Pregnancy Registry 1-888-452-9622.

Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967

Medical Director's Signature: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Reference:**

MMWR 8/ 17, 2012 / Vol. 61 / No. 32; 613-618 [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6132a3.htm?s\\_cid=mm6132a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6132a3.htm?s_cid=mm6132a3_w)

Drug Insert: <http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM220624.pdf>\*\*

CDC Influenza website <http://www.cdc.gov/flu>

KDHE Influenza website <http://www.kdheks.gov/flu/index.html>\*\*